

<i>SERFF Tracking Number:</i>	<i>NWFA-127611114</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nationwide Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49704</i>
<i>Company Tracking Number:</i>	<i>VAA-0125AO.1</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>Informational Filing - Order Entry Filing 2011</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Informational Filing - Order Entry Filing 2011
 SERFF Tr Num: NWFA-127611114 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable
 SERFF Status: Closed-Accepted For Informational Purposes State Tr Num: 49704

Sub-TOI: A03I.002 Flexible Premium
 Co Tr Num: VAA-0125AO.1 State Status: Filed-Closed
 Filing Type: Form Reviewer(s): Linda Bird

Authors: Angela D. Cox, Jenny

Christiansen, Grace Holland,

Leonja Merritt, Darcy L. Spangler,

Melanie Davis

Date Submitted: 09/02/2011

Disposition Date: 09/08/2011
 Disposition Status: Accepted For Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 09/08/2011

State Status Changed: 09/08/2011

Created By: Melanie Davis

Corresponding Filing Tracking Number: VAA-0101AO.9

Filing Description:

RE: Nationwide Life Insurance Company

NAIC # 66869 FEIN 31-4156830 NAIC Group # 140

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Melanie Davis

Individual Flexible Purchase Payment Variable Deferred Annuity Application Filing

Order Entry Applications

SERFF Tracking Number: NWFA-127611114 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 49704
Company Tracking Number: VAA-0125AO.1
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Informational Filing - Order Entry Filing 2011
Project Name/Number: /

Application VAA-0125AO.1

Application VAA-0136AO

Nationwide wishes to inform the Department of a clerical error.

The first replacement question in previously approved Applications VAA-0125AO.1 and VAA-0136AO under the Primary Registered Representative Information section was misstated. We have revised the Applications to state the following:

The current Primary Registered Representative Information states:

PRIMARY REGISTERED REPRESENTATIVE INFORMATION

Yes No Do you have existing life insurance or annuity contracts?

The revised Primary Registered Representative Information states:

PRIMARY REGISTERED REPRESENTATIVE INFORMATION

Yes No Are you aware of any existing annuities or insurance owned by the applicant?

Applications VAA-0125AO.1 and VAA-0136AO were approved by the Department on July 7, 2011 (SERFF Tracking Number - NWFA-127289152). The revised Applications are included in this informational filing. Nationwide certifies no other changes were made to the Applications and the Applications have not been issued.

Other Information

Nationwide certifies that, to the best of its knowledge and belief, the applications submitted comply with all of the laws and regulations of your state.

Nationwide's printers use various fonts and layouts; therefore, Nationwide reserves the right to format the pages of these forms to conform to the printer's requirements. No change in language will occur, only a possible page break or page renumbering.

Thank you for your consideration in reviewing this informational filing.

Company and Contact

Filing Contact Information

Melanie Davis, Specialist, Corporate
Compliance

davism98@nationwide.com

SERFF Tracking Number: NWFA-127611114 State: Arkansas
 Filing Company: Nationwide Life Insurance Company State Tracking Number: 49704
 Company Tracking Number: VAA-0125AO.1
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Informational Filing - Order Entry Filing 2011
 Project Name/Number: /

1 Nationwide Plaza, 1-33-102 800-691-0023 [Phone] 9-4701 [Ext]
 Columbus, OH 43215 614-249-2112 [FAX]

Filing Company Information

Nationwide Life Insurance Company CoCode: 66869 State of Domicile: Ohio
 PO Box 182455 Group Code: 140 Company Type:
 1-33-102 Group Name: State ID Number:
 Columbus, OH 43272-8921 FEIN Number: 31-4156830
 (800) 691-0023 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form * \$50/form = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	09/02/2011	51237427
Nationwide Life Insurance Company	\$50.00	09/06/2011	51259900

SERFF Tracking Number: NWFA-127611114 State: Arkansas
Filing Company: Nationwide Life Insurance Company State Tracking Number: 49704
Company Tracking Number: VAA-0125AO.1
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Informational Filing - Order Entry Filing 2011
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		09/08/2011	09/08/2011

SERFF Tracking Number: *NWFA-127611114* *State:* *Arkansas*
Filing Company: *Nationwide Life Insurance Company* *State Tracking Number:* *49704*
Company Tracking Number: *VAA-0125AO.1*
TOI: *A03I Individual Annuities - Deferred Variable* *Sub-TOI:* *A03I.002 Flexible Premium*
Product Name: *Informational Filing - Order Entry Filing 2011*
Project Name/Number: /

Disposition

Disposition Date: 09/08/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NWFA-127611114	State:	Arkansas
Filing Company:	Nationwide Life Insurance Company	State Tracking Number:	49704
Company Tracking Number:	VAA-0125AO.1		
TOI:	A03I Individual Annuities - Deferred Variable	Sub-TOI:	A03I.002 Flexible Premium
Product Name:	Informational Filing - Order Entry Filing 2011		
Project Name/Number:	/		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application		Yes
Form	Application		Yes

SERFF Tracking Number: NWFA-127611114 State: Arkansas

Filing Company: Nationwide Life Insurance Company State Tracking Number: 49704

Company Tracking Number: VAA-0125AO.1

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Informational Filing - Order Entry Filing 2011

Project Name/Number: /

Form Schedule

Lead Form Number: VAA-0125AO.1

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	VAA-0125AO.1	Application/ Enrollment Form	Initial			VAA-0125AO.1.pdf
	VAA-0136AO	Application/ Enrollment Form	Initial			VAA-0136AO.pdf

NATIONWIDE LIFE INSURANCE COMPANY

[P.O. Box 1234, Columbus, OH 43215-1234]

[1-800-321-9332]

Application

[Individual Flexible Purchase Payment Variable Deferred Annuity]

Please verify that the information is correct and *carefully read* and sign where indicated.

[DC, IA, IL, MA, NH, NJ, NV, and WA:] The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

CONTRACT INFORMATION**Product Name:** [Nationwide Destination B]**Initial Purchase Payment:** [\$5,000]**Contract Type:** [Non-Qualified]**[Source of Initial Purchase Payment:** [Wire, Check ,IRA]]**Contract Owner Information**

[Name: John A. Doe]

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 123-45-6789

Birth Date: January 1, 1965

Gender: Male]

Annuitant Information

[Name: John A. Doe]

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 123-45-6789

Birth Date: January 1, 1965

Gender: Male]

Joint Owner Information

Name: Jane B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Co-Annuitant Information

Name: Jane B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Contingent Owner Information

Name: Julie B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Contingent Annuitant Information

Name: Julie B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Beneficiaries

<u>Name</u>	<u>SSN</u>	<u>Birth Date</u>	<u>Primary or Contingent</u>	<u>Percentage Allocation</u>	<u>Relationship to Annuitant</u>
[Cam A. Doe]	[123-45-6789]	[January 1, 2000]	[Primary]	[50%]	[Brother]
[Cayla B. Doe]	[987-65-4321]	[November 1, 2005]	[Primary]	[50%]	[Sister]
[Asia B. Doe]	[654-12-3789]	[May 11, 1989]	[Contingent]	[100%]	[Sister]

Contract Options Elected

[Standard Death Benefit]

Beneficiary Protector II

3% Extra Value

5-Year CDSC]

Initial Purchase Payment Allocation

Please note: The underlying investment options listed on this application are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.

GVIT EMERGING MARKETS	25%
JP MORGAN GVIT BALANCED I	25%
FID VIP OVERSEAS PORT SC	25%
AM CEN VIP VALUE I	25%

Administrative Services [None]

Asset Rebalancing – Only the variable portion of the allocations will be rebalanced.

Frequency: [☐ Monthly] [☐ Quarterly] [☐ Semi-Annually] [☐ Annually]

Dollar Cost Averaging (DCA) – DCA Program Elected:

[☐ 6-month Enhanced]

[☐ 12-month Enhanced]

[☐ Interest Averaging Monthly]

[☐ Standard Fixed Account Monthly: Dollar Amount \$ []]

Disclosures

Notice to AK Residents Only: The Contract and this application form, including any elected options and/or endorsements, is the entire agreement between Nationwide and the Contract Owner. Statements in the Contract and application are representations and not warranties.

NOTICE TO MN, ND, SC AND SD RESIDENTS ONLY: Annuity payments, death benefits, surrender values, and other Contract values provided by this Contract, when based on the investment experience of a separate account, may increase or decrease in accordance with the fluctuations in the net investment factor and are not guaranteed as to fixed-dollar amount, unless otherwise specified.

Additionally, any benefits, values or payments based on performance of the underlying investment options may vary and are NOT guaranteed by Nationwide Life Insurance Company, any other insurance company, by the U.S. Government, or any State Government. They are NOT federally insured by the FDIC, the Federal Reserve Board or any agency Federal or State.

NOTICE TO AR, CO, KY, ME, NM, OH AND TN RESIDENTS ONLY: Any person who, knowingly and with intent to injure, defraud or deceive any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties, fines, imprisonment, or a denial of insurance benefits.

NOTICE TO MN RESIDENTS ONLY: This Contract is not protected by the Minnesota Life and Health Insurance Guaranty Association or the Minnesota Insurance Guaranty Association. In the case of insolvency, payment of claims is not guaranteed. Only the assets of the Insurer will be available to pay your claim.

NOTICE TO MD RESIDENTS ONLY: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO DC RESIDENTS ONLY: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to OK Residents Only: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Notice to LA and RI Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to WA Residents Only: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Notice to MA Residents Only: You must complete the application approved for use in Massachusetts and you must be issued a Massachusetts approved contract.

Notice to PR Residents Only: Any person who knowingly, or with the intention to defraud, includes false information in an application for insurance, or files, assists or abets in the filing of a fraudulent claim to obtain payment for a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony. If found guilty, said person shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If extenuating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO NJ RESIDENTS ONLY: Any person who includes false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Transfer Authorization for Registered Representative

☐ Yes, I have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under my Contract and/or to allocate any future Purchase Payments on my behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you. Your signature and the Registered Representative's signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide for and against any claim, liability or expense arising out of any action taken by Nationwide in reliance of such instructions.

☐ No: I elect not to allow my Registered Representative to have transfer authorization.

CONTRACT OWNER SIGNATURES

State In Which The Application Is Signed [Anystate]

☐ Yes ☒ No Do you have existing life insurance or annuity contracts?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

By signing and dating this application, I am confirming the following: (1) to the best of my knowledge and belief the information outlined above is true and correct; (2) I have read and understand the prospectus; and (3) I understand that contract payments or values under the variable annuity provisions of the Contract are variable and not guaranteed as to fixed dollar amount. In purchasing this annuity, I agree and acknowledge that I am not an institutional investor nor do I represent the interests of an institutional investor.

Contract Owner John A. Doe 9/1/2011 Joint Owner Jane B. Doe 9/1/2011
(Signature) (Date) (Signature) (Date)

PRIMARY REGISTERED REPRESENTATIVE INFORMATION

☐ Yes ☒ No Are you aware of any existing annuities or insurance owned by the applicant?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?

Registered Representative¹: Thomas A. Moore 9/1/2011 Firm Name: ABC Producer
(Signature) (Date)

Print Reg. Rep. Name: Thomas A. Moore Phone No.: (555) 555-0505

Address: 444 Anystreet
Anycity, Anystate 12345-6789

¹Registered Representatives are Insurance Agents.

ADDITIONAL REGISTERED REPRESENTATIVE INFORMATION

☐ Yes ☒ No Are you aware of any existing annuities or insurance owned by the applicant?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?

Registered Representative: Thomas A. Moore 09/01/2011 Firm Name: ABC Brokerage
(Signature) (Date)

Print Reg. Rep. Name: Thomas A. Moore Phone No.: (555) 555-0505

Address: 444 Anystreet
Anycity, Anystate 12345-6789

Remarks

NATIONWIDE LIFE INSURANCE COMPANY

[P.O. Box 1234, Columbus, OH 43215-1234]

[1-800-321-9332]

Application

[Individual Flexible Purchase Payment Variable Deferred Annuity]

Please verify that the information is correct and *carefully read* and sign where indicated.

[DC, IA, IL, MA, NH, NJ, NV, and WA:] The Federal Defense of Marriage Act states that neither civil union partners, domestic partners, nor same gender married couples are considered married under federal law. Therefore the favorable tax treatment provided by federal tax law to a surviving spouse is NOT available to a surviving civil union partner, surviving domestic partner, or the surviving spouse of a same gender married couple. For information regarding federal tax laws please consult a tax advisor.

CONTRACT INFORMATION**Product Name:** [Nationwide Destination B]**Initial Purchase Payment:** [\$5,000]**Contract Type:** [Non-Qualified]**[Source of Initial Purchase Payment:** [Wire, Check ,IRA]]**Contract Owner Information**

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Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 123-45-6789

Birth Date: January 1, 1965

Gender: Male]

Annuitant Information

[Name: John A. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 123-45-6789

Birth Date: January 1, 1965

Gender: Male]

Joint Owner Information

Name: Jane B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Co-Annuitant Information

Name: Jane B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Contingent Owner Information

Name: Julie B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

SSN: 987-65-4321

Birth Date: June 1, 1965

Gender: Female

Contingent Annuitant Information

Name: Julie B. Doe

Address: 1234 Any Street Anyplace, Anystate 12345-6789

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Gender: Female

Beneficiaries

<u>Name</u>	<u>SSN</u>	<u>Birth Date</u>	<u>Primary or Contingent</u>	<u>Percentage Allocation</u>	<u>Relationship to Annuitant</u>
[Cam A. Doe]	[123-45-6789]	[January 1, 2000]	[Primary]	[50%]	[Brother]
[Cayla B. Doe]	[987-65-4321]	[November 1, 2005]	[Primary]	[50%]	[Sister]
[Asia B. Doe]	[654-12-3789]	[May 11, 1989]	[Contingent]	[100%]	[Sister]

Contract Options Elected

[Standard Death Benefit

Beneficiary Protector II

3% Extra Value

5-Year CDSC]

Initial Purchase Payment Allocation

Please note: The underlying investment options listed on this application are only available in variable annuity insurance products issued by life insurance companies or, in some cases, through participation in certain qualified pension or retirement plans. They are NOT offered to the general public directly.

GVIT EMERGING MARKETS	25%
JP MORGAN GVIT BALANCED I	25%
FID VIP OVERSEAS PORT SC	25%
AM CEN VIP VALUE I	25%

Administrative Services [None]

Asset Rebalancing – Only the variable portion of the allocations will be rebalanced.

Frequency: [☐ Monthly] [☐ Quarterly] [☐ Semi-Annually] [☐ Annually]

Dollar Cost Averaging (DCA) – DCA Program Elected:

[☐ 6-month Enhanced]

[☐ 12-month Enhanced]

[☐ Interest Averaging Monthly]

[☐ Standard Fixed Account Monthly: Dollar Amount \$ []]

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Transfer Authorization for Registered Representative

☐ Yes, I have authorized and directed Nationwide to accept instructions from the Registered Representative signing this application to execute exchanges among the investment options available under my Contract and/or to allocate any future Purchase Payments on my behalf. This power is personal to the Registered Representative, but may be delegated by written notification to Nationwide and only to individuals employed or under control of the Registered Representative for administrative/processing purposes. This power is not available for use by any person or organization providing any type of market-timing advice or service. Nationwide may revoke the authority of the Registered Representative to act on your behalf at any time by written notification to you. Your signature and the Registered Representative's signature at the end of this application represents agreement for yourselves, your heirs and the legal representatives of your estates and your successors in interest or assigns to release and hold harmless Nationwide from any and all liability in reliance on instructions given under the authority described above. You and the Registered Representative also agree to jointly and severally indemnify Nationwide for and against any claim, liability or expense arising out of any action taken by Nationwide in reliance of such instructions.

☐ **No:** I elect not to allow my Registered Representative to have transfer authorization.

CONTRACT OWNER SIGNATURES

State In Which The Application Is Signed [Anystate]

☐ Yes ☒ No Do you have existing life insurance or annuity contracts?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?

My signature below represents that the annuitant I am naming to this contract has not been diagnosed with or had any indication of an illness which is expected to result in death within 12 months.

By signing and dating this application, I am confirming the following: (1) to the best of my knowledge and belief the information outlined above is true and correct; (2) I have read and understand the prospectus; and (3) I understand that contract payments or values under the variable annuity provisions of the Contract are variable and not guaranteed as to fixed dollar amount. (4) Allocations to the Guaranteed Term Options of the Multiple Maturity Account may be subject to a Market Value Adjustment if transferred, surrendered or annuitized prior to the maturity date. Not available in MD and WA. In purchasing this annuity, I agree and acknowledge that I am not an institutional investor nor do I represent the interests of an institutional investor.

Contract Owner John A. Doe 9/1/2011 Joint Owner Jane B. Doe 9/1/2011
(Signature) (Date) (Signature) (Date)

PRIMARY REGISTERED REPRESENTATIVE INFORMATION

☐ Yes ☒ No Are you aware of any existing annuities or insurance owned by the applicant?

☐ Yes ☒ No Will the applied for Contract replace, discontinue or change any existing life insurance or annuity contracts?

Registered Representative¹: Thomas A. Moore 9/1/2011 Firm Name: ABC Producer
(Signature) (Date)

Print Reg. Rep. Name: Thomas A. Moore Phone No.: (555) 555-0505

Address: 444 Anystreet
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ADDITIONAL REGISTERED REPRESENTATIVE INFORMATION

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(Signature) (Date)

Print Reg. Rep. Name: Thomas A. Moore Phone No.: (555) 555-0505

Address: 444 Anystreet
Anycity, Anystate 12345-6789

Remarks

SERFF Tracking Number: NWFA-127611114 State: Arkansas
 Filing Company: Nationwide Life Insurance Company State Tracking Number: 49704
 Company Tracking Number: VAA-0125AO.1
 TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
 Product Name: Informational Filing - Order Entry Filing 2011
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: This is an applications filing submission is for use with variable annuities, therefore Flesch Certification is not needed.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: The form is attached under Form Schedule tab.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: This is an applications only filing, therefore the Actuarial Memo is not applicable.		
Comments:		